



PTO/SB/21 (09-04)
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 10/784,660

Filing Date 2-21-2004

First Named Inventor James J. Corcoran, III

Art Unit 3644

Examiner Name Holzen, Stephen A.

Attorney Docket Number

ENCLOSURES (Check all that apply)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/
Incomplete Application
<input type="checkbox"/> Reply to Missing Parts
under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition
<input type="checkbox"/> Petition to Convert to a
Provisional Application
<input type="checkbox"/> Power of Attorney, Revocation
Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Request for Refund
<input type="checkbox"/> CD, Number of CD(s) _____
<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Appeal Communication to Board
of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Other Enclosure(s) (please identify
below):
Continuation Utility Patent Application Form
Credit Card Payment Form |
|---|--|--|

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

Signature

Printed name

James J. Corcoran, III

Date

June 24, 2005

Reg. No.

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

James J. Corcoran, III

Date

June 24, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JUN 27 2005

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032
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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005**Complete if Known**☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) \$500.00

Application Number	10/784,660
Filing Date	2-21-2005
First Named Inventor	James J. Corcoran, III
Examiner Name	Holzen, Stephen A.
Art Unit	3644
Attorney Docket No.	

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$500.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Fee (\$)	Small Entity Fee (\$)
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Each claim over 20 (including Reissues)

50 25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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Multiple Dependent Claims

Fee (\$)	Fee Paid (\$)
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Fee (\$)	Fee Paid (\$)
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HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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Fee (\$)	Fee Paid (\$)
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HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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Fee (\$)	Fee Paid (\$)
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4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature

Registration No.
(Attorney/Agent)

Telephone 460-614-2854

Name (Print/Type) James J. Corcoran, III

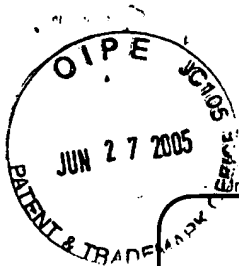
Date June 25, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

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06/29/2005 BABRANA1 00000008 10784660

150.00 OP
250.00 OP
100.00 OP01 FC:2011
02 FC:2111
03 FC:2311



PTO/SB/05 (04-05)

Approved for use through 07/31/2006. OMB 0651-0032

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.

First Inventor

James J. Corcoran, III

Title

Automatic Formation Flight Control

Express Mail Label No.

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ **Fee Transmittal Form** (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. ☒ **Applicant claims small entity status.**
See 37 CFR 1.27.
3. ☐ **Specification** [Total Pages _____]
Both the claims and abstract must start on a new page
(For information on the preferred arrangement, see MPEP 608.01(a))
4. ☐ **Drawing(s)** (35 U.S.C. 113) [Total Sheets _____]
5. **Oath or Declaration** [Total Sheets _____]
 - a. ☐ Newly executed (original or copy)
 - b. ☐ A copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s)
name in the prior application, see 37 CFR
1.63(d)(2) and 1.33(b).
6. ☐ **Application Data Sheet.** See 37 CFR 1.76
7. ☐ **CD-ROM or CD-R** in duplicate, large table or
Computer Program (Appendix)
☐ Landscape Table on CD
8. **Nucleotide and/or Amino Acid Sequence Submission**
(if applicable, items a. - c. are required)
 - a. ☐ Computer Readable Form (CRF)
 - b. **Specification Sequence Listing on:**
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ Paper
 - c. ☐ Statements verifying identity of above copies

ADDRESS TO:

Commissioner for Patents
P.O. Box 1450
Alexandria VA 22313-1450**ACCOMPANYING APPLICATION PARTS**

9. ☐ **Assignment Papers** (cover sheet & document(s))
Name of Assignee _____
10. ☐ **37 CFR 3.73(b) Statement** ☐ **Power of Attorney**
(when there is an assignee)
11. ☐ **English Translation Document** (if applicable)
12. ☐ **Information Disclosure Statement** (PTO/SB/08 or PTO-1449)
☐ Copies of citations attached
13. ☐ **Preliminary Amendment**
14. ☐ **Return Receipt Postcard** (MPEP 503)
(Should be specifically itemized)
15. ☐ **Certified Copy of Priority Document(s)**
(if foreign priority is claimed)
16. ☐ **Nonpublication Request** under 35 U.S.C. 122(b)(2)(B)(i).
Applicant must attach form PTO/SB/35 or equivalent.
17. ☐ Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: 10/784,660.....

Prior application information:

Examiner Holzen, Stephen A.Art Unit: 3644**19. CORRESPONDENCE ADDRESS**☐ The address associated with Customer Number: 41253 OR ☐ Correspondence address below

Name

Address

City

State

Zip Code

Country

Telephone

Email

Signature

Date

June 24, 2005

Name

(Print/Type)

James J. Corcoran, III

Registration No.

(Attorney/Agent)

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